

CalWORKs Domestic Abuse Services Monthly Report

Contractor:

Contract #:

Service Month:

Number of CalWORKs clients in program this month:

Number of families served by program this month:

Track client services on the attached Client Summary page worksheet. If client has dropped program, give reason why. ***Please submit the Client Summary page worksheet and this cover page along with your invoice as part of the Monthly Report.***

(Please list existing and new clients.)

NOTE: The Client Detail sheet is also to be completed monthly but kept in the client's case record. It is not necessary to photocopy and send in with the invoice.

Contractor:
Service Month:

[illegible]

CalWORKs Domestic Abuse Services Client Detail

Contractor:
Service Month:

Contract #:

Last Name		First Name		SSN		No. in Family		Begin Date		End Date
Services Implemented:				Unit of Service				Number of Units		
On-Call DV Advocate										
Peer Group										
Adult Counseling										
Children's Counseling										
Parenting Training										
Child Care										
Outreach Center										
Legal Services										
Case Management										

Please complete this form monthly and keep in the Client's record.

COMPLAINT AND GRIEVANCE PROCEDURES

(Instructions: The participant is to read and receive the top portion of this form. The bottom portion of the form is to be signed by service recipient and placed in the contractor's records.)

If you believe that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a grievance.

The following procedures are to be followed when filing a grievance:

1. Identify the complaint/grievance in writing and discuss it with the contractor/service provider.

Time frame: Within 1 week of discrimination/violation/problem.

If resolved at this level, no further action is required. If no resolution is apparent within 10 calendar days, proceed with Step 2.

2. Forward the written complaint/grievance to your Eligibility/Social Worker (whichever is applicable).

Time frame: Within 1 week of Step 1.

If resolved at this level, no further action is required. If no resolution is apparent within 20 calendar days, proceed with Step 3.

3. Forward the written complaint/grievance to at the following address:

Human Services System
150 South Lena Road
San Bernardino, CA 92415-0515
ATTN: TAD Unit

Time frame: Within 1 week of Step 2.

If resolved at this level, no further action is required.

If no solution is apparent after Steps 1-3 have been exhausted forward copy of written grievance to:

Human Services System, Contract Administrator
150 S. Lena Road
San Bernardino, CA 92415-0515

You will be contacted within 10 calendar days of any actions being taken. Please note: Each of these steps must be completed in the sequence shown.

If you believe that your civil rights have been violated, please contact:

Human Services System
Appeals/ Fraud Unit
(909) 891-3780

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GRIEVANCE PROCEDURE CERTIFICATION

This is to certify that I have read, understood, and received a copy of the San Bernardino County Human Services System Grievance Procedure.

Signature of Service Recipient

Date